



PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>Request For Continued Examination (RCE) Transmittal</b>  Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/663,861
	Filing Date	September 16, 2003
	First Named Inventor	Kazuhiko NISHIZAWA
	Art Unit	2875
	Examiner Name	Guilyoung Lee
	Attorney Docket Number	393032040900

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
  - a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
    - i.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
    - ii.  Other \_\_\_\_\_
  - b.  Enclosed
 

<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Information Disclosure Statement (IDS)
<input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Other _____
2. **Miscellaneous**
  - a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
  - b.  Other \_\_\_\_\_
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
  - a.  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
    - i.  RCE fee required under 37 CFR 1.17(e)
    - ii.  Extension of time fee (37 CFR 1.136 and 1.17)
    - iii.  Other \_\_\_\_\_
  - b.  Check in the amount of \$ \_\_\_\_\_ enclosed
  - c.  Payment by credit card (Form PTO-2038 enclosed)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature			Date	October 16, 2006
Name (Print/Type)	Hristo I. Vachovsky		Registration No.	55,694

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV840657755US, on the date shown below in an envelope addressed to:  
 MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: October 16, 2006

Signature:



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
<b>FEES TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/663,861
		Filing Date	September 16, 2003
		First Named Inventor	Kazuhiko NISHIZAWA
		Examiner Name	Guilyoung Lee
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2875
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 910.00)		Attorney Docket No.	393032040900

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
17	- 20 = 0	x 0	= 0	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	50 25	
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> 0			
3	- 3 = 0	x 0	= 0	200 100			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fees Paid (\$)</u>		
- 100 =	/50	(round up to a whole number) x	=	120.00			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00							
1801 Request for continued examination (RCE) (see 37 ... 790.00)							

<b>SUBMITTED BY</b>	
Signature	Registration No. (Attorney/Agent)
Name (Print/Type)	Date

Express Mail – EV840657755US